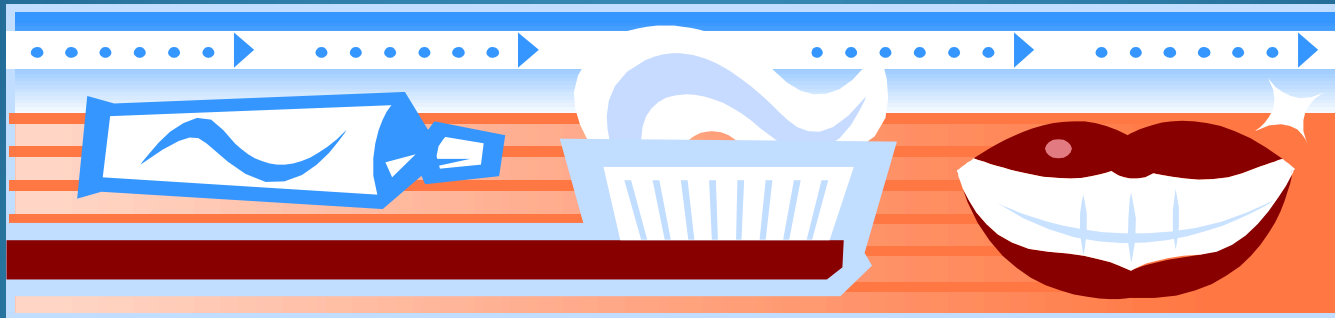


SRX/DRX DENTAL PILOT PROGRAM



SRX/DRX DENTAL PROGRAM

HISTORY

The SRX/DRX Pilot Dental Program was established March 1, 2013 to run through June 30, 2013. During the 2013 Legislative session, approval was given to extend the initial benefits of the dental program through December 31, 2013. Additional funding was awarded to continue the dental pilot program through FY 2014 and 2015.

BENEFITS

- The benefit for each member per calendar year is \$1000.
- Co-Pay Assistance Maximum of \$500 per FY (Must go through approval process).
- The plan benefit is administered by Ameritas with a negotiated benefit structure of 100-80-50.
 - Preventative is at 100%;
 - Fillings and other routine work, denture adjustments, etc, at 80%
 - New dentures or major dental work at 50%.



DENTAL PILOT PROGRAM ELIGIBILITY



- ☐ Members must be current enrollees of SRX/DRX
- ☐ Age 62 or older or verifiable disability
- ☐ Resident of Nevada for 12 continuous months or more
- ☐ Income of no more than \$27,292 for a single person
- ☐ Income of no more than \$36,381 for a married person
- ☐ Ineligible for 100% Low-Income Subsidy through Medicare/Social Security
- ☐ Members must not have any other form of dental insurance coverage

SAMPLE PROCEDURE LISTING



Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	None
Maximum (per person)	1,000 per calendar year
Waiting Period	None

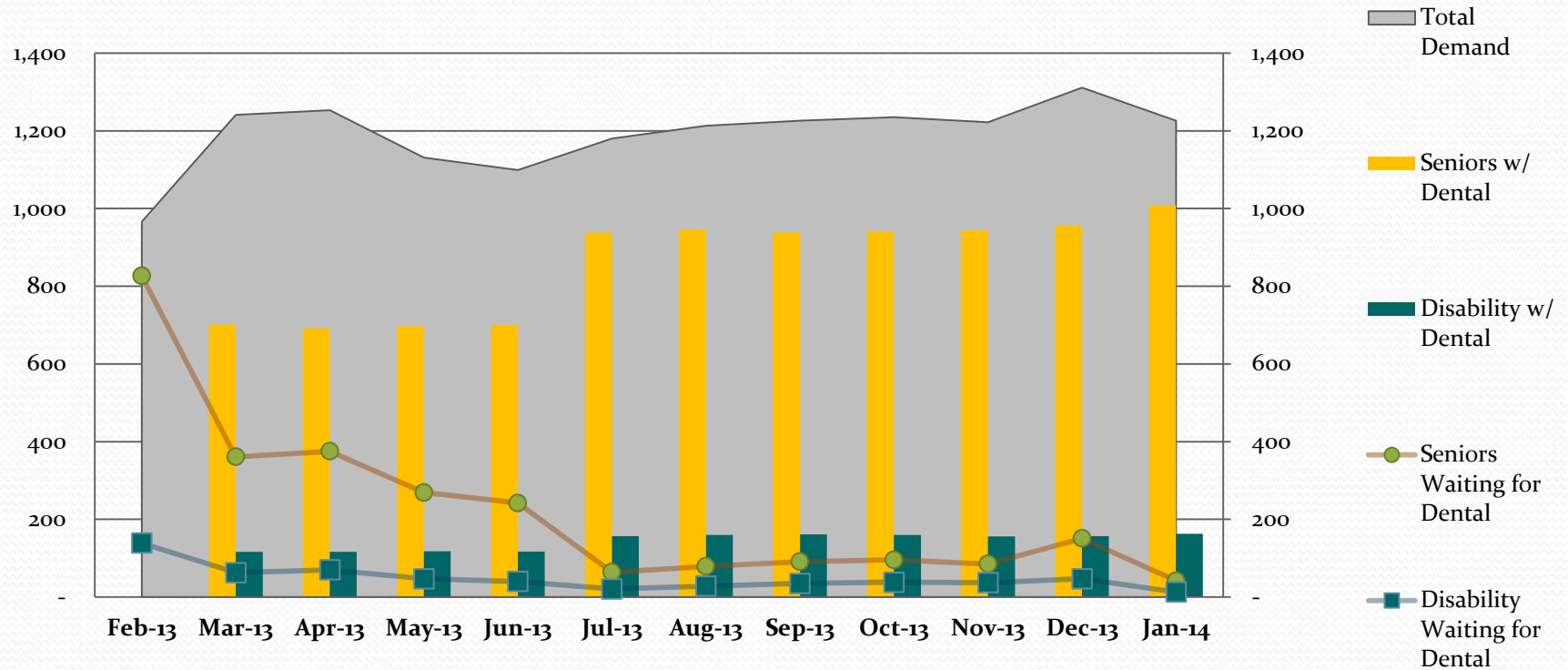
Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Endodontic (nonsurgical) • Endodontic (surgical) • Periodontics (non surgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures). (1 in 5 years)

POPULATION SERVED

The population served by the Dental Pilot Program are particularly vulnerable to various causes of poor oral health, including:

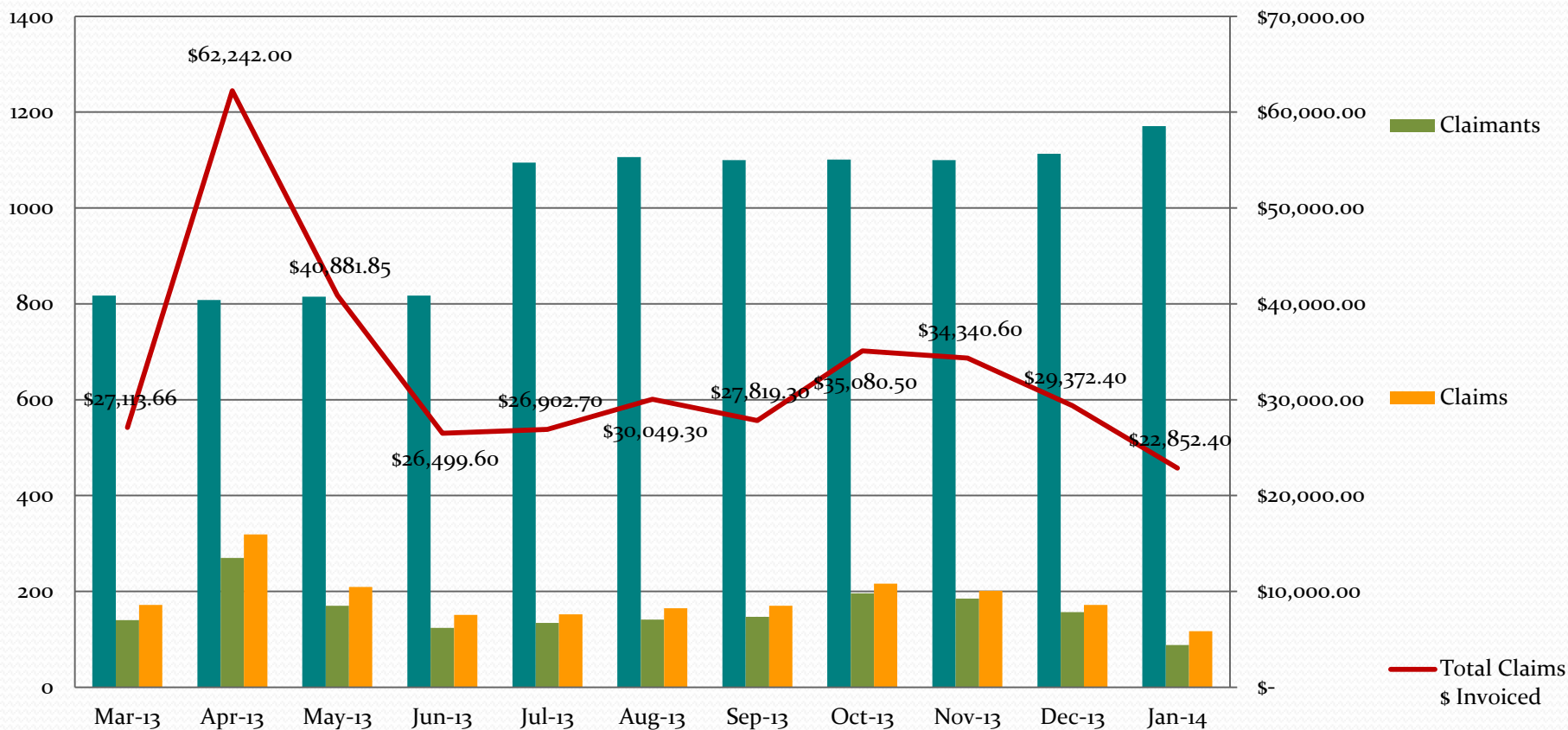
1. Side effects from medical conditions, such as diabetes
2. Side effects from chemotherapy and other drugs
3. Inability to afford dental insurance
4. Inability to afford preventive dental care and denture maintenance/replacements which can lead to ill-fitting dentures, which may lead to other oral health issues.
5. Inability to afford routine dental procedures which can lead to more serious and complicated conditions when left untreated.
6. Inability to properly care for teeth due to chronic pain from unmet dental needs, including:
 - a. Unfilled cavities
 - b. Lost fillings never replaced
 - c. Broken and/or cracked teeth
 - d. Inflamed and/or infected gums

Dental Pilot Program Caseload and Wait List



NOTES: 1) Previous to May, wait list counts included applications pending eligibility review. 2) Disability caseload is always much smaller than senior caseload due to the relative sizes of target populations in the state. Also, disability members age into the senior population at 62.

Dental Pilot Program Claims



NOTE: Reflects invoicing as of 2/11/2014. Additional claims for this period (particularly during most recent three months) are still forthcoming.

Expenditures FY 14

SFY14	17-Dental	21-Co-Pay	TOTAL
Budgeted	\$ 1,116,373.00	\$ 163,500.00	\$ 1,279,873.00
One-Twelfth	\$ 93,031.08	\$ 13,625.00	\$ 106,656.08
Jul-13	\$ 10,856.80	\$ -	\$ 10,856.80
Aug-13	\$ 29,028.30	\$ -	\$ 29,028.30
Sep-13	\$ 22,907.40	\$ -	\$ 22,907.40
Oct-13	\$ 43,466.70	\$ -	\$ 43,466.70
Nov-13	\$ 37,116.32	\$ 500.00	\$ 37,616.32
Dec-13	\$ 53,763.48	\$ -	\$ 53,763.48
Jan-14	\$ 35,875.10	\$ -	\$ 35,875.10
Feb-14			
Mar-14			
Apr-14			
May-14			
Jun-14			
Jul-14			
TOTAL SPENT:	\$ 233,014.10	\$ 500.00	\$ 1,407,509.70
PROJECTED	\$ 651,217.58	\$ 95,375.00	\$ 2,495,231.67
Reporting Mo	7	7	7
% Spent	21%	0%	33%
Difference	-37%	-58%	-25%

DATA FINDINGS

❑ Four reasons why members did not use benefits:

- 1) Could not afford to pay their co-pay.
- 2) Dentist work needed to be done was too expensive. Members had not been to the dentist for an average of 5 to 10 years.
- 3) Members did not understand benefits. (Members in this population may not have a family member or other persons to help make oral health decisions).
- 4) Member or family health issues took precedence over oral health needs.

❑ Improvements Needed:

- 1) Benefit structure was not meeting the specialized needs of our target population.
- 2) Co-Payment Assistance approvals (Hardship requests) were hard to evaluate due to lack of program staff expertise in the dentistry profession.
- 3) Inconsistent survey responses from members made data collection difficult. Program needs to develop an enhanced way of surveying members.

Looking Forward:



- ❖ The Dental Pilot program has partnered with the Division of Public and Behavioral Health.
- ❖ The Dental Pilot program has partnered with Dr. Christina A. Demopoulos, D.D.S., M.P.H. - State Dental Director; Division of Public and Behavioral Health
- ❖ The Dental Pilot program put in place a memorandum of understanding with the Advisory Committee on the State Program for Oral Health (AC4OH) and is working on an inter-local agreement with the same body.
- ❖ The program staff will be evaluating other ways to address catastrophic dental needs outside of an insurance benefit.